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101.01 GENERAL

a. The NPTF is being updated effective with discharges occurring on and after October 1, 1991, fiscal year 1992. New procedures and policies to the NPTF system include:

- (1) The time of all transactions has been added.
- (2) The physical location of the patient has been added. This will activate a new transaction (N535) when the patient occupies a bed different from the treating specialty.
- (3) Category of beneficiary has been eliminated and the period of service has been added.
- (4) CDR (Cost Distribution Report) Account numbers will be reported for the patient's specialty and physical locations.
- (5) The N703 has been eliminated.
- (6) The percent of the veteran's service-connected disability has been added.
- (7) Only the first 25 Patient Movement Transactions (N501) or Physical Location Transactions (N535) per discharge will be processed at the Austin DPC (Data Processing Center).
- (8) No patient record will be accepted at the Austin DPC unless a required means test has been completed and the appropriate category entered.

b. The NPTF will continue to play an important role in the process whereby resources are allocated to medical centers. The use of DRGs (Diagnostic Related Groups) as a basis for this process will require that diagnostic data be coded as accurately and specifically as possible.

c. It is the responsibility of Medical Administration Service and Clinical Affairs to assure that all medical records are properly documented to reflect patient care and ensure that appropriate DRGs are assigned to patients' episodes of care.

d. Because of the continuing need to capture data relating to patient transfer during an episode of care, the Patient Movement Diagnosis (N501) transaction will continue to be reported. This segment will be used to record:

- (1) Patient transfers,
- (2) The diagnosis for which the patient was treated on the transferring or discharging specialty,
- (3) The specialty transferring the patient out, and
- (4) Absences from the hospital, nursing home care or domiciliary care. A pass is defined as an authorized absence from the hospital of 96 hours or less. A leave of absence from the hospital is an absence of more than 96 hours but not exceeding 14 days or any period of unauthorized absence. A period of authorized absence for nursing home care or domiciliary patients may not exceed 30 days.

(a) An unauthorized absence may be for 1 day or more.

(b) Any period of unauthorized absence will be reported under leave days.

e. Instructions for completing NPTF transactions for domiciliary activity includes those patients treated in a Domiciliary Substance Abuse Unit.